

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 05/19/03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 97113, 97122, 97250, 97265, 99213, 97032, 97116, 97112, and 97750-FC on dates of service 07/26/02, 09/03/02, 09/05/02, 09/06/02, 09/09/02 and 09/10/02. ___ with ___ submitted an updated table of disputed services on 03/25/04. The updated table excludes services that were on the original table that are no longer in dispute.

II. RATIONALE

- CPT code 97113 on date of service 07/26/02. An EOB was not submitted by either party; therefore the service will be reviewed per the 1996 Medical Fee Guideline. The S.O.A.P. notes for this date support delivery of service per TWCC Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$156.00 (\$52.00 x 3 units) is recommended.
- CPT code 97122 on date of service 07/26/02. An EOB was not submitted by either party; therefore the service will be reviewed per the 1996 Medical Fee Guideline. The S.O.A.P. notes for this date support delivery of service per TWCC Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$35.00 is recommended.
- CPT code 97250 on date of service 07/26/02. An EOB was not submitted by either party; therefore the service will be reviewed per the 1996 Medical Fee Guideline. The S.O.A.P. notes for this date support delivery of service per TWCC Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$43.00 is recommended.
- CPT code 97265 on date of service 07/26/02. An EOB was not submitted by either party; therefore the service will be reviewed per the 1996 Medical Fee Guideline. The S.O.A.P. notes for this date support delivery of service per TWCC Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$43.00 is recommended.
- CPT code 99213 on date of service 07/26/02. An EOB was not submitted by either party; therefore the service will be reviewed per the 1996 Medical Fee Guideline. The S.O.A.P. notes for this date support delivery of service per TWCC Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$48.00 is recommended.

- CPT code 97032 on date of service 09/03/02. The respondent denied the service as “213-The charge exceeds the scheduled value and/or parameters that would appear reasonable”. The requestor charged \$24.00 for the service. The maximum allowable reimbursement for CPT code 97032 is \$22.00 per the 1996 MFG. The S.O.A.P notes however, do not support the delivery of service per Rule 133.307 (g)(3)(A-F). Reimbursement is not recommended.
- CPT code 97116 on date of service 09/05/02. The respondent paid \$26.00 with the reason for reduction being “This provider bill has been audited according to Kansas Schedule of medical fees and treatment. Charges for medical services may not exceed the maximum fee schedule allowance or the providers usual and customary fees, whichever is lower”. The Texas Workers’ Compensation Commission 1996 Medical Fee Guideline sets the maximum allowable reimbursement at \$38.00 for CPT code 97116. Additional reimbursement in the amount of \$12.00 is recommended.
- CPT code 97250 on the date of service 09/05/02. The respondent paid \$25.50 with the reason for reduction being “This provider bill has been audited according to Kansas Schedule of medical fees and treatment. Charges for medical services may not exceed the maximum fee schedule allowance or the providers usual and customary fees, whichever is lower”. The Texas Workers’ Compensation Commission 1996 Medical Fee Guideline sets the maximum allowable reimbursement at \$43.00 for CPT code 97250. Additional reimbursement in the amount of \$17.50 is recommended.
- CPT code 97265 on the date of service 09/05/02. The respondent paid \$25.50 with the reason for reduction being “This provider bill has been audited according to Kansas Schedule of medical fees and treatment. Charges for medical services may not exceed the maximum fee schedule allowance or the providers usual and customary fees, whichever is lower”. The Texas Workers’ Compensation Commission 1996 Medical Fee Guideline sets the maximum allowable reimbursement at \$43.00 for CPT code 97265. Additional reimbursement in the amount of \$17.50 is recommended.
- CPT code 97112 on dates of service 09/06/02 and 09/09/02. The respondent denied the service as “213-The charge exceeds the scheduled value and/or parameters that would appear reasonable”. The requestor charged \$35.00 for the service on each date. The maximum allowable reimbursement for CPT code 97112 is \$35.00 per the 1996 MFG. The S.O.A.P notes support the delivery of service per Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$70.00 (\$35.00 x 2 dates of service) is recommended.
- CPT code 97750-FC on date of service 09/10/02. The requestor billed \$420.00 for 4 hours of a Functional Capacity Evaluation. The respondent paid \$100.00 without a reason for reduction. Therefore the service will be reviewed per the 1996 MFG. The Functional Capacity Evaluation dated 09/10/02 supports delivery of service per Rule 133.307 (g)(3)(A-F). Additional reimbursement in the amount of \$300.00 is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement in the amount of **\$742.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$742.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 02nd day of April 2004.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division

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